

of accomplishment, Mrs. Dickson and her late husband, William James Dickson, owned the Darlington Hardware. Mrs. Dickson was a member of the Darlington Presbyterian Church and active for years with the American Legion Auxiliary. In the past few years she resided at the Methodist Manor in Florence, South Carolina and then at Agape Senior Care in Irmo, South Carolina.

One of twelve children, Nettie DuRant Dickson is survived by sibling Marion DuRant, daughters Elizabeth Betty DuPre and Jeanette D. Renfrow, numerous nieces and nephews, four grandsons, and three great-grandsons.

In the end, what counts most is not how long we lived, but how well. On both counts, Nettie DuRant Dickson lived a good and fruitful life.

CONGRATULATING BRIAN KLOCK

HON. PETE OLSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. OLSON. Madam Speaker, I rise today to congratulate a great public servant upon his retirement from the United States Navy—a man who has served his country diligently, my friend Brian Klock.

After 28 years of service to his country, Brian retired from his post as a Commander in the Navy on July 1, 2009. Throughout his career he served as an intelligence officer working as an analyst, an aviation intelligence officer in a P3 Squadron, and as a Naval Criminal Investigative Service (NCIS) Agent. On many occasions his service took him overseas, including during the Cold War and the Bosnian conflict.

After September 11, 2001, Brian was called to serve in NCIS and was assigned to counter intelligence operations overseas. Upon his return to the United States, Brian was asked to join the Protective Services Division. It was here that he spent two years protecting the leadership of the Department of Defense and visiting foreign military dignitaries. At the conclusion of his career, Brian was serving as the operations officer for a CENTCOM intelligence unit.

It is with great pleasure that I congratulate Brian for his years of exemplarily service to our nation. I wish him the best in his years to come and hope he lives life to the fullest during his retirement years.

EMERGENCY MEDICINE AND MEDICAL MALPRACTICE REFORM

HON. BART GORDON

OF TENNESSEE

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. GORDON of Tennessee. Madam Speaker, as we debate and move forward on this historic endeavor—passage of health care reform with a goal of improving access and coverage for the millions of uninsured and underinsured individuals—I would like to take a moment to discuss the role of emergency medicine and review the various provisions in this bill which strengthen access to emergency care. As we work to improve coverage and

enhance preventive and chronic care, we must remember to balance the acute care needs of patients, especially those treated in emergency departments.

Emergency medicine is an essential part of our safety net and must be supported. Whether a patient ends up in the emergency room as the result of a suspected H1N1 influenza case, trauma, a natural or manmade disaster, or because they've lost their job and health insurance and a health condition escalates to the point of needing to seek emergency care, we all rely on quality emergency care to be there. In fact, the federal government demands it—unlike other doctors who can choose not to participate with various health insurance plans, Medicare or Medicaid, emergency physicians are required by federal law to treat every patient who walks through the door, regardless of their ability to pay. But, our emergency medical system is in crisis, and the severe problems facing emergency patients affect everyone.

Earlier this year, the American College of Emergency Physicians (ACEP) released its annual report card on emergency care. The nation was graded a C minus overall, with 90 percent of states earning mediocre or near-failing grades. America earned a near-failing D minus grade in the "Access to Emergency Care" category. This is unacceptable and also terrifying news for the more than 300,000 people each day who need emergency care.

Although my own state of Tennessee outperformed most states in some areas, we have a long way to go. The report states that Tennessee has only 8.9 emergency physicians per 100,000 people and needs an additional 60.2 full-time equivalent mental health care providers to serve the state's population. Also, it points out that these issues may contribute to hospital crowding and patient transfers, problems that have been identified as priorities among emergency physicians in Tennessee. Further, Tennessee has serious public health and injury prevention challenges. We have among the highest rates of infant mortality in the nation (8.9 deaths per 1,000 births), as well as high percentages of obese adults (28.8 percent) and adults who smoke (22.6 percent). Tennessee has relatively high fatal injury rates: 22.7 homicides and suicides per 100,000 people and 2.2 deaths due to unintentional fire and burn-related injuries per 100,000.

Although the "Affordable Health Care for America Act" included provisions to improve coverage for preventive and chronic care, statistics like these for Tennessee demonstrate that access to quality emergency care will always be a priority and should not be taken for granted.

The health care reform bill passed by the House on November 7 included a number of provisions that would strengthen emergency care in the United States:

Required Coverage for Emergency Services. Specifically, it would require that emergency services are part of any essential benefits package for all eligible health insurance plans.

Emergency Care Coordination Center. Section 2552 would establish an Emergency Care Coordination Center. The Center will promote and fund research in emergency medicine and trauma health care, promote regional partnerships and more effective emergency medical systems in order to enhance appropriate

triage, distribution, and care of routine community patients; and promote local, regional, and State emergency medical systems' preparedness for and response to public health events. It would also authorize a Council of Emergency Medicine.

Pilot Programs to Improve Emergency Medical Care. Section 2553 would establish demonstration programs that design, implement, and evaluate innovative models of regionalized, comprehensive, and accountable emergency care systems.

Demonstration Project for Stabilization of Emergency Medical Conditions by Institutions for Mental Diseases. Section 1787 would establish a demonstration project to reimburse psychiatric hospitals that provide required medical assistance to stabilize an emergency medical condition for individuals enrolled in Medicaid.

Hopefully the emergency medicine provisions will be further strengthened as they move through the legislative process to include provisions based on legislation I've introduced to address the issue of emergency department boarding, ambulance division standards, and medical malpractice liability coverage for emergency providers and on-call specialists. The "Access to Emergency Medical Services Act," H.R. 1188, and the "Health Care Safety Net Enhancement Act," H.R. 1998, are two bills I've introduced to address these issues.

Overcrowded emergency departments are compromising patient safety and threatening everyone's access to lifesaving emergency care. The number of emergency departments has decreased by 5 percent in 10 years, but the demand for care is up by 32 percent—up to 119.2 million visits in 2006 (one in three Americans). Hundreds of emergency departments have closed.

According to the Centers for Medicare and Medicaid Services (CMS), half of emergency services go uncompensated. To compensate for cutbacks in reimbursement, hospitals closed 198,000 staffed beds between 1993 and 2003. As a result, fewer beds are available to accommodate admissions from the emergency department.

Ambulances are diverted, on average, once a minute in the United States, away from the closest emergency department because they are so crowded they cannot handle any more patients. For patients with life-threatening illnesses or injuries, those minutes can make the difference between life and death.

Last year, the American College of Emergency Physicians released a report by its Task Force on Boarding titled, "Emergency Department Crowding: High-Impact Solutions." ACEP established the task force to develop low-cost or no-cost solutions to boarding. The report is intended to help emergency physicians stop boarding in their own hospitals and ultimately improve patient care. The report identifies those strategies to reduce crowding that have a "high impact," as well as those that have not proven effective. The report identifies the boarding of admitted patients as the main cause of emergency department crowding. The report outlines the impact of boarding on patient care stating that "evidence-based research demonstrates that boarding results in the following: delays in care, ambulance diversion, increased hospital lengths of stay, medical errors, increased patient mortality, financial losses to hospital and physician, and medical negligence claims."

Madam Speaker, to ensure our access to emergency care is protected, we must address this issue. I believe the provisions in my bill, H.R. 1188, "Access to Emergency Medical Services Act" will help by developing emergency department boarding and ambulance diversion standards and quality measures. I urge their consideration as the bill moves forward through the legislative process.

Emergency care is the most overlooked part of the health care system. But it is the number one service that everyone depends on in their hour of need. It needs our attention now.

In addition, we need to think forward to ensure that our system also accommodates future needs. To do so, we must address the shortage of board-certified emergency physicians. The Society for Academic Emergency Medicine, in 2008, published an Assessment of Emergency Physician Workforce Needs in the United States. The authors reviewed 2005 data and found that the supply of emergency medicine residency-trained, board-certified emergency physicians will not meet future demand. Specifically, they found that only 55% of the demand for emergency medical board-certified physicians currently is met.

I agree with the need to enhance our prevention efforts and have introduced H.R. 3851, the "Physical Activity Guidelines for Americans Act" to help educate Americans of all ages regarding the need for physical activity, taking responsibility for one's health and staying fit. However, experience shows that not everyone will adhere to recommended guidelines, and genetic predisposition, trauma and seasonal flu or other illnesses such as H1N1 will continue to bring people to our nation's emergency rooms. Therefore, we must be sure emergency departments are equipped to handle our needs.

In June 2006, the Institute of Medicine (IOM) released three landmark reports on the "Future of Emergency Care in the United States Health System," detailing the challenges and concerns this nation faces in maintaining access to emergency medical services. The IOM reported that the nation's emergency medical system as a whole is overburdened, underfunded and highly fragmented.

Emergency care has long been overlooked and as a result it is stretched to a breaking point. As Congress focuses on health reform this year, I urge my colleagues to recognize the role emergency medicine plays in our safety net and support the provisions in the health reform bill that strengthen emergency care. Further, I urge my colleagues to work to adequately support our emergency medical system by further addressing boarding and diversion as the bill moves forward.

IN APPRECIATION OF SAN BRUNO
MAYOR LARRY FRANZELLA

HON. JACKIE SPEIER

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Ms. SPEIER. Madam Speaker, this week the City of San Bruno will see a changing of the guard as Mayor Larry Franzella steps down from the post he has held for a decade.

A native of San Francisco, Mayor Franzella moved to San Bruno as a boy and attended local schools, including Crestmoor High

School, Skyline College and the College of San Mateo. He's a classic example of "local boy makes good." He began a successful real estate career in 1975 and over three decades has risen through the ranks of his profession, serving as President of the San Bruno Chamber of Commerce, the Rotary Club of San Bruno and the San Mateo County Association of Realtors, and as Regional Vice-President of the California Association of Realtors. He currently serves as President of Prudential California Realty in San Bruno.

Larry Franzella has served his adopted city of San Bruno in a myriad of ways. Besides his aforementioned community and business associations, Larry served as a member of the Personnel Board and was a founding member of the city's Citizens Crime Prevention Committee. In 1987, the people of San Bruno elected Larry to his first of two terms on the city council. Then in 1999, after a two-year hiatus, voters chose Larry to serve as Mayor—a post he held for five consecutive two-year terms. In this role, he also represented San Bruno as a member of the regional Airport Roundtable.

Madam Speaker, everyone in this chamber knows how important it is to have dedicated, intelligent people serve on local boards, commissions and city councils. The work can be difficult, the hours long and the pay virtually non-existent, yet we ask these selfless public servants to give far more than they receive to assure that the residents and taxpayers under their care are provided for. Mayor Larry Franzella is one of those dedicated and selfless leaders.

Larry has certainly earned his retirement. However, knowing Larry like I do, I am sure that he will never retire from community service. On behalf of my colleagues in the United States House of Representatives, I want to thank Mayor Larry Franzella for his longtime service to the people of San Bruno and the County of San Mateo.

CELEBRATING THE 60TH WEDDING
ANNIVERSARY OF HERMAN AND
MARJORIE WILLIAMS

HON. ELIJAH E. CUMMINGS

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. CUMMINGS. Madam Speaker, I rise today along with my esteemed colleague from California, Barbara Lee, in order to congratulate Herman and Marjorie Williams of Baltimore, Maryland, as they celebrate sixty years of marriage. Since they exchanged their vows on November 24, 1949, these high school sweethearts have been extraordinary parents, friends, and members of their community.

Over the decades of their marriage, they contended against racism and segregation as they pursued their careers, Herman as one of the first black firefighters in Baltimore and Marjorie at Westinghouse. Their commitment to hard work and to their family never wavered.

Herman eventually became the nation's first African-American major-city fire chief and Marjorie retired after a long and exemplary career. Even after her retirement, Marjorie has volunteered her time with many charitable organizations, dedicating herself to helping the less for-

tunate. Always an adventuresome spirit, she has also continued to pursue her love of travel.

The two of them together raised four wonderful and successful children: Marjorie, Clolita, Montel, and Herman. Marjorie and Herman have a fierce dedication to their family, and the values they instilled led their children to prominent careers in the arts, education, civil service, and broadcast media.

The Williams have been an inspiration to their friends, their family, to their community, and to everyone determined to triumph in the face of adversity.

On November 28, 2009, they celebrated their anniversary along with family and friends. Please join us in wishing them the best of luck as they continue to spend their lives loving and supporting each other and bringing joy and happiness to their family and friends.

HONORING BRIAN AND DORIE
BARKEY

HON. DALE E. KILDEE

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Wednesday, December 2, 2009

Mr. KILDEE. Madam Speaker, on Wednesday, December 2nd, the Tall Pine Council—Boy Scouts of America is bestowing its Distinguished Citizen Award on Brian and Dorie Barkey. A dinner will be held in their honor in Grand Blanc, Michigan.

Dorie Barkey retired from the Red Cross in 1999 and the Crim Race Director asked her to direct the Crim Adult Training Program. Brian became the volunteer training program coordinator about the same time. Under their leadership the training program set all time records for the following 8 years. Between 1999 and 2008 Dorie and Brian had enrolled 7200 trainees in the program. The training program is known nationally as the largest training program for a single event in the world.

Brian, a Genesee County attorney with over 37 years of law practice, served on the Crim Board of Directors for 15 years and was President of the Board for 4 years. Active with the Genesee County Bar Association, he served as editor of its publication, Bar Beat, for 3 years. He was recognized for his work in 2002 and was awarded the Genesee County Distinguished Mediator of the Year Award. The following year he served as the Genesee County Bar Association's President and he currently serves as the "chairman for life" of the Bar Association's Community Holiday Dinner. The Michigan State Bar Association bestowed its Unsung Hero Award on Brian for his work with the Crim Race in 2009.

Madam Speaker, I ask the House of Representatives to join me in congratulating Dorie and Brian Barkey as they receive the Distinguished Citizen Award. The Tall Pine Council grants the award to those persons that exemplify Scouting values and have made a significant impact in the community. Both Dorie and Brian Barkey have spent their lives working to build a better community and I wish them the best as they continue to assist the people of the Flint area.